MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I" AMENDMENT AFTER 2 [™] AMENDMENT AS FILED AFTER IND. I"AMENDMENT DEP. 2 AMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND. TOTAL DEP TOTAL CLAIMS TOTAL

CLAIMS